



PATENT
Attorney Docket No. EXT-036

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT(S): Shuber

SERIAL NO.: 09/514,865 GROUP NO.: 1634

FILING DATE: February 28, 2000 EXAMINER: S. Sakelaris

TITLE: Methods for Disease Detection

CERTIFICATE OF FIRST CLASS MAILING UNDER 37 C.F.R. 1.8

I hereby certify that this correspondence, and any document(s) referred to as enclosed herein, is/are being deposited with the United States Postal Service as first class mail, postage prepaid, in an envelope addressed to the Commissioner for Patents, Washington, DC 20231 on this 10th day of January, 2003.


Wendy Martin

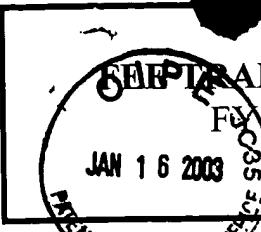
Commissioner for Patents
Washington, D.C. 20231

Sir:

Submitted herewith is/are:

1. Transmittal Form (1 page);
2. Fee Transmittal (1 page);
3. Petition for Three-Month Extension of Time (1 page);
4. Check in the amount of \$460.00;
5. Amendment and Response (9 pages);
6. Return receipt postcard.

2546011_1



SEEPT TRANSMITTAL
FV 2003
JAN 16 2003 35

JAN 16 2003

Complete if Known	
Application Serial Number	09/514,865
Filing Date	February 28, 2000
First Named Inventor	Shuber
Group Art Unit	1634
Examiner Name	S. Sakelaris
Attorney Docket No.	EXT-036

RECEIVED
JAN 23 2003
16001296
Tech Center
Continued
Fee Paid

~~TRADEMARK~~ METHOD OF PAYMENT

1. Payment Enclosed:
 Check Money Order Other

2. The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 20-0531.

Required Fees (copy of this sheet enclosed).

Additional fee required under 37 CFR 1.16 and 1.17.

Overpayment Credit.

3. Applicant claims small entity status.

FEE CALCULATION (continued)

3. ADDITIONAL FEES

10/12/2009
Paid

Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	
130	65	Surcharge - late filing fee or oath	
50	25	Surcharge - late provisional filing fee or cover sheet	
130	130	Non-English specification	
2,520	2,520	Request for ex parte reexamination	
110	55	Extension for reply within first month	
400	200	Extension for reply within second month	
920	460	Extension for reply within third month	
1440	720	Extension for reply within fourth month	460.00
1960	980	Extension for reply within fifth month	
320	160	Notice of Appeal	
320	160	Filing a brief in support of an appeal	
280	140	Request for oral hearing	
130	130	Petitions to the Commissioner	
180	180	Submission of Information Disclosure Statement	
740	370	Filing a submission after final rejection (37 CFR 1.129(a))	
740	370	For each additional invention to be examined (37 CFR 1.129(b))	
100	100	Certificate of Correction for applicant's error	
Other fee (Specify)			
Other fee (Specify)			

FEE CALCULATION

1. FILING FEE

Large Entity Fee (\$)	Fee Description	Fee Paid
740	Utility filing fee	
330	Design filing fee	
160	Provisional filing fee	

Number Filed	Number Extra	Rate	Amount
Total Claims	- 20 =	x \$ 18.00 =	
Independent Claims	- 3 =	x \$ 84.00 =	
<input type="checkbox"/> Multiple Dependent Claim(s), if any		\$280.00 =	

TOTAL:
SMALL ENTITY DISCOUNT:
SUBTOTAL (1) **(\$)**

2. AMENDMENT CLAIM FEES

Claims Remaining After Amend.	Highest No. Previously Paid For	Present Extra	Rate	Fee Paid
Total	-	=	x \$ 18.00 =	
Indep.	-	=	x \$ 84.00 =	
<input type="checkbox"/> First Presentation of Multiple Dep. Claim			+ \$280.00 =	
TOTAL:				(\$)
SMALL ENTITY DISCOUNT:				(\$)
SUBTOTAL (2)				(\$)

SUBTOTAL (3) **(\$)** 460.00

SUBTOTAL (1)	
SUBTOTAL (2)	
SUBTOTAL (3)	460.00

TOTAL **(\$)** **460.00**

CORRESPONDENCE ADDRESS

Direct all correspondence to:

Patent Administrator
Testa, Hurwitz & Thibeault, LLP
High Street Tower-125 High Street
Boston, MA 02110
Tel. No.: (617) 248-7000
Fax No.: (617) 248-7100

SIGNATURE BLOCK

Respectfully submitted,

Thomas C. Meyers
Attorney for the Applicants
Testa, Hurwitz & Thibeault, LLP
High Street Tower-125 High Street
Boston, MA 02110

TRANSMITTAL
FORM

O I P E
JAN 16 2003
U.S. PATENT & TRADEMARK OFFICE
SCBS

TECH CENTER 1600
JAN 23 2003
2000

RECEIVED

Application Serial Number	09/514,865
Filing Date	February 28, 2000
First Named Inventor	Shuber
Group Art Unit	1634
Examiner Name	S. Sakelaris
Attorney Docket No.	EXT-036
Patent No.	Not applicable
Issue Date	Not applicable

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Check Attached <input type="checkbox"/> Copy of Fee Transmittal Form 	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553) <input type="checkbox"/> Formal Drawing(s) <input type="checkbox"/> Request For Continued Examination (RCE) Transmittal <input type="checkbox"/> Power of Attorney (Revocation of Prior Powers) <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> CD(s) for large table or computer program <input type="checkbox"/> Amendment After Allowance <input type="checkbox"/> Request for Certificate of Correction <input type="checkbox"/> Certificate of Correction (in duplicate)	<input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences <input type="checkbox"/> Appeal Brief (in triplicate) <input type="checkbox"/> Status Inquiry <input checked="" type="checkbox"/> Return Receipt Postcard <input checked="" type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8 <input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8 <input type="checkbox"/> Additional Enclosure(s) (please identify below)
<input checked="" type="checkbox"/> Amendment/Response <ul style="list-style-type: none"> <input type="checkbox"/> Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets ____] 	<input type="checkbox"/>	<input checked="" type="checkbox"/> Status Inquiry
<input type="checkbox"/> Petition for Extension of Time	<input type="checkbox"/>	<input type="checkbox"/> Return Receipt Postcard
<input type="checkbox"/> Supplemental Information Disclosure Statement <ul style="list-style-type: none"> <input type="checkbox"/> Supplemental Form PTO-1449 <input type="checkbox"/> Copies of IDS Citations 	<input type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8	<input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Small Entity Statement	<input type="checkbox"/> Additional Enclosure(s) (please identify below)
<input type="checkbox"/> Sequence Listing submission <ul style="list-style-type: none"> <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above 	<input type="checkbox"/> CD(s) for large table or computer program	

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Tel. No.: (617) 248-7000
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Respectfully submitted,


Thomas C. Meyers
Attorney for Applicant(s)
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High Street Tower
125 High Street
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